V. S. No. 1.

N.B.

RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH Village or City Premohe

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;-----Ward)

[if death occurred in a hospital or Institution,

FULL NAME John bolf	ligalelotte of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male. Bok Single, MARRIED, WIDOWED. ORDIVORCED (Write the word)	16 DATE OF DEATH March (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw Hall alive on Phasels 9 1914
7 AGE If LESS than f day,hrs. ORmln. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work.	Phoek
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Transcription (Ouration) (Ouration)
9 BIRTHPLACE (State or country) maryland	Gontributory Mccadelly Turnett
10 NAME OF Peter algaelolte	(Signed) (Sugartion) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME of MOTHER Suna Manuel	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of MOTHER Juna Manuel 13 BIRTHPLACE OF MOTHER (State or country) Manyler	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs,
(informant) with a mountain	Where was disease contracted, If not at placa of death? Former or Usual residence
(Address) remoter Celled 16 Filed 3/0, 184 Johnson / Helling	Halls Hell M BADDRESS Ohas Ballara Poconde
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons The question "Foreman,"

pneumonia"); Lobar term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing neath (the primary affection with respect to ("Pneumonia," "Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubereumeninges, perilonaeum, etc., pneumonia; Bronchopneumonia Diphtheria (avoid use

> nant ncoplasms); Measles; Whooping cough; Chronic theuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephrilis, oma, Sarcoma, etc., of..... (name origiu; "Cauinjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclu "Contributory." by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resultlug from Measles (disease causing death), 29 ds.; "Seuile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," The nature of the "Exhaustion," Never report For vio-



V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS

of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF

important.

Z.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 355

.St.;Ward)	[If death occurred
(a. a. a.	a hospital or institution

	FULL NAME Mary Britting	gham give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	exall Color or race 5 single, married, married, wisower, or	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 p	Month) (Day (Year) GE If LESS than	that I last saw h. L. alive on
	yrs. mos. ds. or min.?	The CAUSE OF DEATH* was as follows:
pa (b) bus) Trade, protession, or found for the first form of the first form	(Duration) yrs mos ds.
9 B	10 NAME OF See Britfmahau	Contributory Secondary (Buration) (Signed) (Signed) (Signed)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 44	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL
PA	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. 2005. State yrs. 2005. ds
14	(Informant) A whe Briting han	Where was disease contracted, it not at place of dealh? Former or usual residence
16 Fl	(Address) Burling Ambaran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL THE PAUL'S CAULTY MAN 1911 20 UNDERTAKER ADDRESS
	the state of the s	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specistatemeut. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults eau be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman. If retired from business, that fact may be indl-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentessis of lungs, meninges, peritonaeum, etc., Carein-

mia," "PUERPEBAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffectiou ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nunt neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ele., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measics "Senile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Couvulsions," "Debility" ("Con-"Dropsy," The nature of the "Exhaustion," Never report For vio-



UNFADING INK-THIS IS

PLAINLY, WITH

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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very certificate.

of information should be c DEATH in plain terms, so See instructions on back of

CAUSE OF Important.

N. B.

RECORD

PERMANENT

1 PLACE OF DEATH County Morcesle

3283

STATE OF MARYLAND CERTIFICATE OF DEATH

	age or City Slocklen (No.	Registration Dist. No. [If death occurred in	
VIII	2FULL NAME Vol Van	St.; Ward) a hospital or institution give its NAME instea af street and number.]	ıd
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
386	CX 4 COLOR OR RACE Black Bl	16 DATE OF DEATH 3 14 , 1915 (Month) (Day (Year)	_
6 D/	(Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from 191	1
(a) par	If LESS than f day,hrs. yrs	and that desth occurred on the date stated above, at The CAUSE OF DEATH* was as follows: Dough More was the Playsician	
bus	General nature of Industry, ness, or establishment in ch employed (or employer) RTHPLACE (State or country.) Stockhum wor Go fuel	Contributory Secondary	• • • • • •
ARENTS	10 NAME OF FATHER COLLUS 11 BIRTHPLACE OF FATHER (State or country) flocklan wor to ked 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accided Tal, Suicidal, or Homicidal.	- C
14 T	13 BIRTHPLACE OF MOTHER (State or country) Stocklan work und HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) was bacobs	18 LENGTH OF RESIDENCE (FOR HOEPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. Where was disease contracted, If not at place of death? Former or usual residence	
15	(Address) Slock how and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Blockflew St Fland Country 3 /15 , 1915	4

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

lesis of lungs, meninges, pneumonia"); term for the same disease. Examples: Cerebrospinul time and causation), using always the same accepted causing pearn (the primary affection with respect to ("Pneumonla." "Croup";) brospinal forer (the only definite synouym is Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercufever (never peritonaeum, etc., report "Typhoid "Epidemic cere-Carcin-

> etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as lnjury, as fracture of skull, and consequences (e. g., is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations ou statement of "Exhaustion," Never report ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

1 PLACE OF DEATH County.

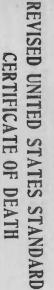


STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Lit death occurred in

VIII	2FULL NAME Wol Manne	St.; Ward) a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE Stack Stack Stack Stack Stack Stack Stingle, MIDORED, ORDIVORCED (Write the word)	(Month) (Day (Year)) 17 I HEREBY GERTIFY, That I attended deceased from
6 DA	Steel Bon 3/16, 1944. (Month) (Day (Year)	that I last aaw halive on
(a)		and that death occurred on the date stated above, at
whice 9 BI	General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE (State or country) MTCCeslus Gr luck	(Duration) yrs mos Secondary
PARENTS	10 NAME OF FATHER English Calling 11 BIRTHPLACE OF FATHER (State or country) for Cs Ond 12 MAIDEN NAME OF MOTHER EVA Perruell 13 BIRTHPLACE OF MOTHER (State or country) WOT To Mod	(Signed)
	informant) Leah Purcelland (Address) Slockland Land 18 3/1/1914 WORGE REGISTRAR	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Stockhar 31 Pangenulary 3 6 , 191.4 20 UNDERTAKER ADDRESS Hancover of Survey Slovest law to
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and equivariant), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, aunt neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakbess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Aceidental drowning; Struck by railway train-aeciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes "Seuile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of (disease eausing death), 29 "PUERPERAL septichac-"Exhaustion," Never report



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N. B.

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County Unecoter Treas D	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 350
Village or City Joseph (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Sergiana	ongreat of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Freale Cloud (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH Self 8 1816	17 I HEREBY CERTIFY, That I attended deceased from langual 16, 1914, to hard 26th, 1914,
(Month) (Day (Year) AGE If LESS than	that Mast saw her alive on March 1611. 1914
# 7 yrs,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Cancer of Work
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration)mosds.
Mousing 4. 11 de	Secondary (Poratty) yrs mos ds.
10 NAME OF Squit Know	(Signed) 1 Layloreus M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Acciden-
of Mother Sout Know.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Sout Know	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MTKNOWLEDGE (Informant) Confidence of the Confid	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) (Poppmore City Mod	19 PLACEPOF BURIAL OR REMOVAL DATE OF BURIAL 3/30 101 (1)

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in Industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

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SICIANS should occupation is RECORD PERMANENT certifica 50 back pia Instruction 5 r DEAT OF Importan Every

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in ...Ward) a hospital or institution give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav ORDIVERCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE

9 BIRTHPLACE (State or country) PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF

(Address

15

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS)

ы	At place	in the			
H	of death yrs mos ds.	State	yrs	mos	d
	Where was disease contracted,				
li	it not at place of death?	*****************	000000000000000000000000000000000000000		
il	Former or				

19 PLACE OF BU	RIAL OR REMOVAL
Halls	Hell Shil
20 UNDERTAKER	1

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

usual residence



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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as Statement of occupation -- Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclainjnry, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopmeumonia (secondary), 10 ds. thre of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the ls less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhanstion," may be stated under the head of (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions unswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 1 1914

BUREAU, V.S.

F. S. No. 1.

GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. **ECORD** PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.-Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p

PLACE OF DEATH 3287
County Premise County Polanole Colono.

151

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 350

St.; Ward)

[if doath occurred in a hospital or institution, give its NAME instead of street and nomber.]

	* FULL NAME	Alerickson of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	1 - Audin	(Month) (Day) (Year) IT HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH MONEULA 12 1910	that I last saw h la alive on The 1 7 , 191 &
7 AC	(Month) (Day) (Year) If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) par (b)	CCUPATION Trade, profession, or ticular kind of work Goneral nature of Industry, noss, or establishment to	(Duration) yrs, mos, ds.
9 BI	RTHPLACE tate or country) Molecular	Contributory
ARENTS	11 BIRTHPLACE (State or country) Sef underter Control 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAID	(Signed) , M. D. *State the DISBASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTALL OF HOMICIDAL.
PAF	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, TOR RECENT RESIDENTS) At place in the of death yrs, mes ds. State yrs, mes ds.
	(Informant)	Whore was disease contracted, If not at place of death? Former or usual residence.
15 FII	March 10, 1914 Ethran Hellinger REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Aulls / Lul M 3/10
		or, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causers death—Name, first, the nisease causers death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

dent; Revolver wound of head-homicide; Poisoned childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg-"Contributory." mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples: For VIO-



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH WRITE n

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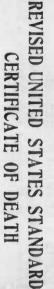
1 PLACE OF DEATH



...St.;.....Ward)

[If death occurred in a hospital or institution,

	FULL NAME Messie Dugde	give its NAME instead of streef and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March 19, 1914 (Month) (Day) (Year)
6 0	(Month) (Day) (Year)	that I last saw harmalive on March 78, 1914.
7 A	GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a pa	CCUPATION () Trade, profession, or Irticular kind of work	Cylianter
9 B	1RTHPLACE tate or country) Sameuret & Md.	(Duration) yrs mos ds. Contributory (Secondary) (Duration) yrs mos ds.
NTS	11 BIRTHPLACE OFFATHER (State or country)	(Signed)
ARE	12 MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
α.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
	(Informati)	Where was disease contracted, If not at place of death? Former or usual residence
15 Fil	18d. 3/30, 191. 4 Johnson Stellman REGISTRAR	19 place of Burial or REMOVAL DATE OF BURIAL Manuel Church 3/20, 1914 20 UNDERTAKER Bru Pr Cornoke
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. 8, Census and American Public Health Association.]

ness of various pursuits can be known. The question applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Putereral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee, on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of __ "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For VIO-



PHYSICIANS should state of OCCUPATION Is very RECORD carciully supplied. AGE should be stated EXACTLY. PERMANENT UNFADING INK-THIS IS CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. WRITE PLAINLY, WITH of information should be B.-Every Item CAUSE OF

1 PLACE OF DEATH County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. J J J
		eu

St.; .Ward)

ancher

ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

a hospital or Institution

	FULL NAME William B. Co	Ellio.	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 51	Male Nut Single, Marriel WIDOWED, Warriel WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day , 1914 (Year)
6 D	(Month) (Day (Year)	that I last saw h him alive on S	1 attended deceased from
TAG	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	
(a) pai (b)	OCCUPATION OF Trade, profession, or Returned Farmer Officular kind of work General nature of industry, Iness, or establishment in	Tinolpise super	idence by ose
9 Bi	ch employed (or employer) RTHPLACE (State or country) Mary forms	Gontributory	
ENTS	10 NAME OF FATHER James Ellis 11 BIRTHPLACE OF FATHER (State or country) Mcl.	(Signed) July (Address) State the Disesse Causing Death	yrs mos ds
PAREN	13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME Lear Buller 13 BIRTHPLACE OF MOTHER (State or country)	CAUNES, STATE (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death	
	(Informant) James Callin	Where was disease contracted, If not at place of death? Former or usual residence	
15	(Address) Derku hid	PLACE OF BURIAL OR REMOVAL	In about 38 1014

S. No. 1.

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FIRE 3 - 30 -



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursults can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Archilect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); term for the same disease. time and causation), using always the same accepted causing Death (the primary affection with respect to ("Pnenmonia," fever (the only definite synonym is "Epidemic cere-"Croup";) Statement of cause of death-Name, first, the DISEASE meningitis"); Diphlheria (avoid Typhoid fever (never Lobar pneumonia; Bronchopneumonia unqualified. is indefinite): Tubereu-Examples: Cerebrospinal report "Typhoid use

> ralvular heart disease; Chronie interstitial nephrilis, uant neoplasms); Measles; Whooping cough; Chronic affection used not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canwhich surgical operation was undertakeu. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, telanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Meastes "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 "Dropsy," "Exhaustion," "Puerperal septichac-Never report For vio-



state Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. pinous UNFADING INK-THIS properly supplied. certificate. 80 jo WITH n terms, a plain See Instructions information 2 I DEAT ŏ CAUSE OF Important.

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

15

OF MOTHER

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than 1 dayhrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country)

REGISTRAR

If nore blanks are needed, address State Registrar. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

St.:---Ward)

Registration Dist. No

Ilt death occurred in

a hospital or Institution,

give Its NAME Instead of street and number.]

rll	••••••
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	(Day (Year)
17 I HEREBY CERTIFY, That	I attended deceased from
	ach 5 , 191 Lt,
	reh 5 ,1914
and that death occurred on the date state	d above, at 6 m,
The CAUSE OF DEATH * was as follows:	
Cerebral Aque	owhayes
(Duration)	yrsmosds.
Contributory	·····
	yrsmosds.
(Signed) autar	
Weh 6, 1914 (Address) Joes	moch il me
*State the Disease Causing Death, c Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State	S, INSTITUTIONS, TRANSIENTS,
Where was disease contracted, It not at place of death? Former or usual residence.	***************************************
19 PLACE OF BORIAL OR REMOVAL	DATE OF BURIAL
20 UNBERTAKER	ADDRESS 191
All 1 / Dan	Ada As

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; valentar heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For viotnre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," may be stated under the head of (Recommendations on statement of or intercurrent). State cause for Never report



PERMANENT

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PLAINLY EATH in plair WRITE A G OF Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.:---Ward) a hospital or Institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date atated above, at...... 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----Contributory. BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS _____, 191 4 (Address)..... 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. State yrs. ____ Where was disease contracted. BEST OF MY KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupatious "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherla (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohor pneumonia; Bronchopneumonia ("Thenmonla." unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, affection ueed not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Cauwhich surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. State cause for mns," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsious," "Debllity" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-uceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PROBABIL LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as ctc., when a defiuite disease can be ascertained as the ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," "PUERPERAL septichac-Never report



	²FUL	L NAME	rull	
	PERSO	NAL AND STATISTI	CAL PARTICUL	ARS
3 51	x C	Muli Muli	S SINGLE, MARRIEO, WIDOWEO, OROIVORCEO (Write the w	ord)
6 D	ATE OF BIRTH	host	2	.61
		(Month)	(Day	Year
7 A	a E	3 yrs 3	mos 23 ds	If LESS to
(a	CCUPATION Trade, profession, rticular kind of wo		22 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	***************************************
(a pa (b) bus wh	Trade, profession, rticular kind of wo General nature of liness, or established employed (or estate of court (State or court)	ork	arylon	oC
(a pa (b) bus wh	Trade, profession, ricular kind of wo Beneral nature of liness, or establich employed (or establich employed (or establich employed). The profession of the country of the	ork	arylon	ol
(a pa (b) bus wh	Trade, profession, riticular kind of wo General nature or inness, or establich employed (or elemptoyed (or elemptoyed) (State or country of FATHER	ork	arylon In A. 16.	ol
(a pa (b) bus wh	Trade, profession, riticular kind of wo General nature or inness, or establich employed (or elemptoyed (or elemptoyed) (State or country of FATHER	f industry, shment in employer) Thillia Ace HER r country) NAME	Luar	ol balling

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REGISTRAR

If more blanks are needed, address State Registrar, C E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist No 355

registration bist.	1100
St.;Ward)	[If death occurred in a hospitat or institution give its NAME instead of street and number.]

MEDICAL CERTIFIC	ATE OF DEATH
18 DATE OF DEATH	1914
(Mont	, , , , , ,
17 I HEREBY CERTIFY	That I attended deceased from
1914, to	191,
that I last saw h. M. alive on	12/20 1914
and that death occurred on the date	stated above, atm,
The CAUSE OF DEATH* was as fo	llowa:
	Jan 1
Tubercular	Menugillo
	lion)grsmosds.
Contributory	
(Signed) (Oura 3/8, 191 & (Address)	Claud mos ds. Beleer mo
	ATH, or, in deaths from VIOLENT URY; and (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HO OR RECENT RESIDENTS) At place	In the
of death yrs mos ds. Where was disease contracted.	State yrs ds
if not at place of death?	
Former or usual residence	000000000000000000000000000000000000000
19 PLACE OF BURIAL OR REMOVA	L DATE OF BURIAL
Every reen Cense	ler May 3 2 , 1914
20 UNDERTAKER	ADDRESS

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealcr," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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S. No. 1.

N. B.-

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. WRITE PLAINLY, WITH of information should be DEATH in plain terms, CAUSE OF important.

3	2	9	3	
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1 PLACE OF DEATH



STATE OF MARYLAND ERTIFICATE OF DEATH

Co	unty	CERTIFICATE OF	2CV
Vili		Registration Dist St.; Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
	²FULL NAME		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) 17 A HEREBY CERTIFY, That I	/7 ,191 / (Day (Year)
6 D	ATE OF BIRTH My Jewise 1	that I last saw here alive on 1200	attended deceased from 2004/7, 19124 all / 7, 19122
7 A	(Month) (Day (Year)		n W
. A	GE If LESS than	and that death occurred on the date stated	above, at A m.
	yrs. 4 mos ds. or min.?	The CAUSE OF DEATH* was as follows:	
(a pa	CCUPATION) Trade, profession, or ricular kind of work	Browned Ruen	unud.
bus	siness, or establishment in ich employed (or employer)	(Duration)	yrsds.
9 B	IRTHPLACE (State or country)	Secondary	** * * * * * * * * * * * * * * * * * *
	10 NAME OF FATHER	(Signed) Letter A Sicke	yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and	in deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS,	
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State	yrs ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?	
	(informant)	Former or usual residence	00000000000000000000000000000000000000
15	(Address) (Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	led /17/1914 Pagine	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examing (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from bushness, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereucesis of lungs, meninges, peritonaeum, etc., Carein-

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	1 PLACE OF DEATH 3294	STATE OF MARY CERTIFICATE OF
Co	ounty Working	Registered
Vi	illage or City Snow Hill (No.	,St;Ward)
	FULL NAME le Miam Savi	1 Brox
==	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D
3 SE	MARRIED, Wildows	16 DATE OF DEATH 3
N	Jale lulile (Write the word)	17 / I HEREBY CERTIFY, That Late
8 D/	ATE OF BIRTH	3/22 , 1914, to 3/3
	(Month) (Day) (Year)	that I last saw h And alive on 3/29
7 AG		and that death occurred on the date stated abo
	8 4 vrs. 2 mos. /8 ds. ormin.?	The CAUSE OF DEATH* was as follows:
800	CCUPATION	- P
(a)	Trade, profession, or ticular kind of work.	roupous The
(b)	General nature of industry,	
	ness, or establishment in ch employed (or employer)	(Duration)
9 BI (St	RTHPLACE (ate or country)	Contributory (Secondary)
	Maryland	(Duration)
	10 NAME OF FATHER KONT BANK	(Signed)
IS	11 BIRTHPLACE	4 30 ,191 (Address) Success
ENT	(State or country) for Marie	State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY: and (2)
AR	12 MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.
۵	13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTORMED OR RECENT RESIDENTS) At place In the
3	(State or country) tont know	of death yrs mos ds. State
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dealh?
4	interment, long. low slings	Former or usual residence
	Margan Snow Hill	19 PLACE OF BURIAL OR REMOVAL D
15	(Address)	spring till cunty and le
File	ed 3/3/ 1914 REKon Sunth	20 UNDERTAKER AL
	REGISTRAR	W. F. Hrann In
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No.

92	STATE	OF M	IARY	LAND
	CERTIFIC	ATE	OF	DEATH

Registered No.

-	St; Ward)	[it death occurred in a hospital or lostitution give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DE	ATH.
_	16 DATE OF DEATH 3	30 , 1914
	(Month)	(Day) (Year)
	3/22 ,1914, 10 3/30	The second second second second
-	that I last saw h Ama alive on 3/29	, 191.4
	and that death occurred on the date stated abo	ve, at 3 d. m.
	The GAUSE OF DEATH* was as follows:	
	Croupous There	would
	Contributory My contile;	sds.
	(Signed). (Buration) yi	, M./b.
-	*State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	atha Anna Massaura
-	16 LENGTH OF RESIDENCE (FOR HOSPITALS. INST OR RECENT RESIDENTS) At place of death yrs mos ds. State y Where was disease contracted, If not at place of death?	TS, MOS, ds,
	Former or usual residence.	1000000000000000000000000000000000000
	Spring Hell Cimity and Co	TE OF BURIAL
	26 UNDERTAKER AD	on Hilf

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

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1 PLACE OF DEATH County Wor excles

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

St.;....Ward)

[If deeth occurred in e hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH March 19 , 191 4
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
DEC 60 (Month) (Day	19.3 that I last saw h. L. alive on
3 / 1	LESS than and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work	Sudden Rollaline
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs few multi
9 BIRTHPLACE (State or country) Maryland	Secondary (Duretion) yrs mos ds
10 NAME OF Lesco math	(Signed) Miller Comment They, M. D.
State or country) Vinguice	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Minnie Hin	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Vergenee	At place to the of death yrs, mos ds. State yrs, mos ds
(Informent) Lisee Mathers	Where was disease contracted, if not at place of death? Former or
(Address) Pacamola ay	Just 19 PLAGE OF BURILL PRINTER STATE OF BURIAL
Filed 3/17, 1914 Johnson Files	2 UNDERTAKER Ballard RUCHMOKE,
If more blanks are needed, address	State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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cases, especially in industrial employments, it is nection is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer." Farmer (retired 6 yrs.) For persons The question "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marus-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as ete., when a defiuite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of 'Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; ctc.), "Dropsy," "Puerperal septichue "Exhaustion," Never report



UNFADING INK-THIS IS

RECORD

PERMANENT

4

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. No. 1.

N. B.

1 PLACE OF DEATH

STATE OF MARYLAND

Coun	nty Worcester	CERTIFICATE OF DEATH Registration Dist, No. 350
Villa	ge or City Jocomok (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Fer	Married. While. Single, Married. Widow ORDIVORCED (Write the word)	16 DATE OF DEATH March 26 , 1914 (Month) (Day (Year)
6 DAT	E OF BIRTH Trafficary 29 1841 (Month) (Day (Year)	march 24, 1914, to March 26, 1914, that I last saw here a live on March 25, 1914.
(a) Tr partic (b) Go busine	If LESS than t day,hrs. OR min.? CUPATION (ade, protession, or House Wife eneral nature of industry, ss, or establishment in	and that desth occurred on the date stated above, at 3 D.m. The CAUSE OF DEATH* was as follows: Chronic followed ty acute Bright bross Overt (Duration) 3 yrs. mos. ds.
9 BIR:	THPLACE State or country) Jomersel Co Md	Contributory accute Brights Secondary (Ouration) yrs mos 2/2 ds.
ENTS	ONAME OF FATHER Camuel of Costers 1 BIRTHPLACE OF FATHER (State or country) Somerel of Md. 2 MAIDEN NAME	(Signed) Saco Thoston, N. O. March 2 (a, 1914. (Address) Pocomoka but he a *State the DISEASE CAUSINO DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	3 BIRTHPLACE OF MOTHER (State or country) for more to Md E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death?
(int	(Address) Princes Anne Md Marchily I Gloran Hillman	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As uffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



RECORD PERMANENT properly classifled. 4 UNFADING INK-THIS IS AGE should carefully supplied. may be PLAINLY, WITH Every Item of Information should b CAUSE OF DEATH in plain terms,

> N. B. · 4

state stated EXACTLY. PHYSICIANS should state I. Exabt statement of OCCUPATION Is very GAUSE OF DEATH in plain terms, so that it millimportant. See instructions on back of certificate. PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Gounty	Registration Dist. No. 350
Village or City Jesserolo (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
anale Cloud Single, MARRIED, WIOWED, WIOWED, OR ON OR OF CHEE WOOD)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH Lower day Son	Thank In 1914, to March 6 1, 1914
(Month) (Day (Yes	that I last ssw h Lallye on March 5 191
Lord Know 1 day	hrs. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Jamely matous Highney
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Cholleys Secondary (Ouration) Jyrs mos ds.
10 NAME OF Elijah Ce esterhous	(Signed) Signed Sylves
11 BIRTHPLACE OF FATHER (State or country) 12 Maintenance OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH OF In deaths from Troubund
12 MAIDEN NAME OF MOTHER MANA MANA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State of country) (State of country)	AT PILENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
14 THE ABOVE IS THOSTO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Informant) Portuge City //	usual residence
(Address) 16 3 4 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jalls fell M1 3/8 ,1914
Filed / 1914 Golman / Felling	20 UNOPRIAKER ADDRESS

f my'e blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

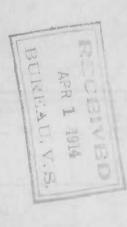


[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer; first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canample: Measles (disease causing death), 29 ds.; affection need not be stated nuless important. valvular heart disease; Chronie interstitial mephritis, mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as ture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichac-Never report



ACE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate.

CAUSE OF Important.

N. B.

1 PLACE OF DEATH



STATE OF MARYLAND

Car	Worester 3638	CERTIFICATE OF DEATH
000	111 Ly	Registration Dist, No.
Vitta	age or City Sund Hill (No, 2000) Phillips	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
338	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DA	TE OF BIRTH (Month) (Day (Year)	meh 17, 1914, to meh 26, 1914, that I last saw h Line alive on meh 26, 1914
7 AG	If LESS than 1 day,hrs. ORmln. ?	and that death occurred on the date stated above, at 9.30 9 m, The CAUSE OF DEATH* was as follows:
(a) par (b)	Trade, profession, or Trace ticular kind of work. General nature of industry,	The state of the s
	ness, or establishment in th employed (or employer)	(Duration) yrs mos / ds.
9 81	State or country) Saur Hill, ned	Contributory Secondary (Duration) yrs mos ds.
S	10 NAME OF FATHER Pufus Dusky 11 BIRTHPLACE	(Signed) Stur & Taley . M. D. Mch 3D, 191 4 (Address) Supply Hief . M.
PARENT	OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
	of Mother and Phillips	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Level Hill, ned	At place in the of death yrs mos ds. State yrs mos ds
	informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) Sifon Still med	Colbourn burying grows near 31, 191 4
File	1914 RECOY SWULL REGISTRAR	20 UNDERTAKER ADDRESS Seem Hill My

If more blanks are needed, address State Registrar, 6 L. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatemeut. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect. Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," But iu mauy As examples: "Foreman," (4)

pneumonia"); lesis of lungs, meninges, peritonaeum, etc., CAUSING DEATH (the primary affection with respect to ("Pneumonla," brospinal meuingitis"); Diphtheria (avoid use forer (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereufever (never report "Epidemie cere-"Typhoid Carcin-

> valvular heart disease; Chronie interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakuess," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing affection need not be stated nuless important. "Contributory." sepsis, tetanus) may be stated nuder the head of injury, as fraeture of skull, and consequeuees (e. g. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nudertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "hanition," "Marus ture of the American Medical Association.) cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914

BUREAU, V.S.

		S should state	/
	RECORD	PHYSTOIAN of OCCUP	
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
R S E R	UNFADING	that it may certificate.	
MARGIN	PLAINLY, WITH	Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate.	
V: S. No. 1.	WRITE	N. B.—Every Item of Int CAUSE OF DEAT Important, See In	

PLACE OF DEATH 3290	STATE OF MARYLAND
County Worcester	CERTIFICATE OF DEATH
	Registration Dist, No. 351
Village or City Snow Hell (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
FULL NAME ON	Pobins
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colored (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH (Mony) (Day (Year)	that I last saw h & Malive on Flore 28, 1914.
7 AGE If LESS than	and that death occurred on the date stated above, at 2 a.m.
59 yrs 5 mos 4 ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION)	Pulsa Cara fa Andrew
(e) Trade, profession, or about	ruemonary removinge
(b) General nature of Industry, business, or establishment in	(Duration) one hour
which employed (or employer)	Contributory Imonary Tuber culosis
State or country) Surve Hill, Md.	Secondary Duration Hays't kenows
10 NAME OF SOLI RATIONS	(Signed) Stud. Gelry, M. D.
2 11 BIRTHPLACE OF FATHER (State or country) ALONA TO CO MA	mch 2, 1914 (Address) Snow Hill, md.
12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE/	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or courts of cester Co. Md.	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, If not at place of death?
(Informant) Mrs. Stughes	Former or usual residence
(Address) Snow Hill, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 21. 1 Pm 11:1	Ebenezer Cemetery Mas. 4, 1914
Filed 3/2/1814 00 1000 Smith	20 UNDERTAKER ADDRESS

REGISTRAR lanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-



mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report For vio-



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

Village or City Berlin md (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9 5 St.; Ward) St.; Ward) If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word) 6 DATE OF BIRTH 26, 19/2	16 DATE OF DEATH Morch 23 - 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Muscle 18, 1914, to Musch 26 , 1914. that I last saw has allye on Musch 25 - 1914.
7 AGE (Month) (Day) (Year) 7 AGE 11 LESS fhan 1 day,	and that death occurred on the date stated above, at 2:0 m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 110 NAME OF FATHER Daniel Rodney 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MORNIGATE OF MORNIGATE OF MOTHER Ullic Truitt	(Duration) yrs. mos. 3 ds. Contributory (Secondary) (Duration) yrs. mos. ds. (Signed) yrs. mos. ds. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) REGISTRAR If more blanks are needed, address State Begistrar	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Relian and 26 1914 20 URDERTAKER Lewis 9 Powers Relian and

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:

(a) Spinner, (b) Cotton mill; (a) Salesman, (b)

(b) Antomobile factory. The the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the diseasm Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Statement of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcinoses

childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or Intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples:



1 PLACE OF DEATH	STATE OF MARYLAND
County Worces Cer 3301	CERTIFICATE OF DEATH
Village or City Poromote atyno.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME XIE SUVINI	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RACE Single, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 [HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	that I last saw h alive on, 191, 191
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	neva saw this caise was forthe bouty and probably seed from lach of mutution yes mos do
9 BIRTHPLACE (State or country) Parinishe ally 10 NAME OF FATHER Douglas Stevenson 11 BIRTHPLACE (State or country) Accordance to Va 12 MAIDEN NAME OF MOTHER Ella Collins	(Signed) (Deration) yrs mos ds (Signed) (Address) (Address) M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE AMERICAN 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?
(Intermant) (Address) Pawmon cely 16 Filed Minch 4, 1914 Ghran / Lilling REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Colar Bulland ADDRESS Pulmoble
If more blanks are needed, address State Registr	ear, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: additional ilne is provided for the latter statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

lnjury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for chlidbirth or miscarriage, as "Puenperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasthonla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for malle oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Never report Examples:



OCCUPATION PERMANENT plai ATH In plustruction WRITE 0 OF Every Its

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important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. J Ilt death occurred inWard) a hospital or institution give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDDWED. (Month) (T)av (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 10 - 1914, to /1102 (Month) (Dav (Year) 7 AGE It LESS than and that death occurred on the date stated shove, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration)vrs. which employed (or employer) Contributory..... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER un. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ Where was disease contracted, 14 THE ABOVE IS THUE TO THE MY KNOWLEDGE OF It not at place of death?. Former or (Intermant) usual residence. 19 PLACE OF BURIAL OR DATE OF BURIA (Address) 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registre, 6 E. Franklin St., Balto., Requesting V. S.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. The (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursults can be known. The question tiou is very Important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

lesis of lungs, meninges, peritonaeum, etc., causing death (the primary affection with respect to ("Pnenmonia." pmenmonia"); term for the same disease. Examples: Cercbrospinal time and cansation), using always the same accepted "Cronp";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningltis"); Diphtheria (avoid use of Typhoid. Lobar pucumonia; Bronchopucumonia unqualified. is Indefinite): Tubercuferer (never report "Typhold "Epidemic eere-

> thenia," "Anaemla" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Causuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Strnck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably genital," is less definite; avoid use of "Inmor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," ctc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," "PUERPERAL septichac-"Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so

important.

S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPATION is very See instructions on back of certificate.

1 PLACE OF DEATH Worcester

3303

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

.....Ward)

[If death occurred in a hospital or institution, give its NAME lostead of street and number.]

md.

2FULL NAME

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, MODWED, WIDOWED, MOTULE d ORDIVORCED (Write the word)	16 DATE OF DEATH Man. 28 , 1914 (Month) (Day (Year)
6 D	## Feb. 25 , 869 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 A		and that death occurred on the date stated above, at $\frac{14}{G}$. m, The CAUSE OF DEATH* was as follows:
(a	OCCUPATION) Trade, protession, or Thouse wife	Had no physician
bus) General nature of Industry, Usiness, or establishment in ich employed (or employer)	Heart Disease (Duration) you has beginning
9 B	(State or country) Worcester, Co. md.	Contributory Secondary
10	10 NAME OF FATHER don't know	(Signed) (Dupation) yrs mos ds. (Signed) Here only M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
PAR	12 MAIDEN NAME OF MOTHER (1) 13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 7	OF MOTHER (State or country) "	At place In the ot death yrs mos ds. State yrs, mos ds Where was disease contracted,
	(Informant) Harry & Stevenson	It not at place of death?————————————————————————————————————
-15	(Address) Sindletrie, md.	Coolspring Emetery Mch 29,1814
FII	ed 3/28 19 Fel Roy Smith	W. S. Williams - Small Hill
	If more bianks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, pertionaeum, etc., Carcin-



mia," "Puerperal peritonitis," etc. State cause for cause of death approved by Committee on Nomenclasepsis, tctanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal scptichaethenia," "Anaemla" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Coilapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify ali diseases resulting from "Seulle," etc.), Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT properly classified. UNFADING INK-THIS IS AGE carefully supplied. certificate. DEATH in piain terms, so See instructions on back of WRITE PLAINLY, WITH of Information should N. B.—Every Item CAUSE OF Important.

3304 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Cou		Registration Dist.	No 35 .
VIIfa	age or City Stocketore (No	St.; Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH War 2 (Month)	(Day (Year)
8 DA	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I at 18 1914 to that I last saw h was alive on Man	, 191
7 AG		and that death occurred on the date stated st The CAUSE OF DEATH* was as follows:	-4
(a) part (b) busin whice	CUPATION Trade, profession, or ticular kind of work	Lingued Gland	Yrs. 1 mos. 7 ds.
- (10 NAME OF FATHER 44/	Contributory Secondary (Buration) (Signed)	.yrsds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	
۵.	13 BIRTHPLACE OF MOTHER (State or country) (State or country) (HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the of death yrs mos ds. State Where was disease contracted,	yrs, ds
	informant) William Michigan	If not at place of death? Former or usual residence.	
16 File	(Address) 191 / July Co	Stiffer Kscembery	DATE OF BURIAL
1116	Wanter the contract of the con	101 0 (1)	

REGISTRAR

manks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehlldren, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucters of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (uame origin; "Can-"Contributory." mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) State eause for Never report For vio-



٧	llage or City Snow Helf (No.	•••••
	1.11	
	* FULL NAME farmo Wilking	
	PERSONAL AND STATISTICAL PARTICULARS	_
1 SE	Acolor OR RACE SEINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	1
6 D	ATE OF BIRTH	
	(Month) (Day) (Year)	ti
7 A		a
	6 yrs. 5 mos. 6 ds. 0Rmin.?	T
(a)	Trade, profession, or floular kind of work.	
bus	General nature of Industry, ness, or establishment in	
	th employed (or employer)	
	ness, or establishment to the employed (or employer) RTHPLACE ate or country) Nameland	
	th employed (or employer)	(3
9 BIS	RTHPLACE Ate or country) 10 NAME OF	(3
ARENTS	nemployed (or employer) RTHPLACE (ate or country) 10 NAME OF FATHER The particular of the country of the cou	
9 BIS	nt employed (or employer) RTHPLACE Ate or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE	(3 1 1 A
PARENTS	nemployed (or employer) RTHPLACE Ate or country) 110 NAME OF FATHER 1. James leikuron 111 BIRTHPLACE OF FATHER (State or country) 112 MAIDEN NAME OF MOTHER DELLA Coffin	
PARENTS	10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MOTHER (State or country) 16 MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 MAIDEN NAME OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country)	1 A 0 Y

ur more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Kegist	Registered No	
St;Wa	[it death occurred is a hospital or institution give its NAME instead of street and nomber.]	
MEDICAL CERTIFICATE	OF DEATH	
	1	
16 DATE OF DEATH (Month)	(Day) (Year)	
17 / I HEREBY CERTIFY, The	at I attended deceased from	
3/15 , 1914, to 3	18 3/22, 1914.	
that I last saw h allve on 3/	8 1914	
and that death occurred on the date stat	90	
The CAUSE OF DEATH * was as follows		
ING CAUSE OF BEATH * Was as ionows	:	
Broneles - Ji	bermonie.	
,		
(Duration)	yrs	
Contributory(Secondary)		
	yrsmosds.	
260.	1 0	
(Signed) 6 GC Sc	MO.	
3/2-3/1,41 (Address)	our free mo.	
*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths from Violent and (2) whether Acciden-	
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)		
At place in the of death yrs mos ds. State	yrs, mos ds.	
Where was disease contracted, If not at place of death?	, Ji de III de U.S.	
Former or usual residence		
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
Showslo and	Man 2 41914	
20 UNDERTAKER	ADDRESS	
10, 926 - 8	- 11/20	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have ao occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eatered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persoa, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may he indi-Women at home, who are eagaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneuanonia"); Lodar pneumonia; Bronchopncumonia ("Paeumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) unsy he stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and coasequences (e. g., Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, mia," "Puerreral pertionitis," etc. State cause for childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inaaition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampic: Measles (disease causing death), 29 affection need not be stated unless important. nant aeoplasms) : Mcasles; Whooping cough : Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "Arvalvular heart disease; Chronic interstitial nephritis Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Niways qualify all diseases resulting from or HOMICIDAL, or as probably (name origin: "Can-The nature of the Examples:

if this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

APR 6 1914
BURISAU, V.S.

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

RECORD

PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1.0

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PLACE OF DEATH County

If more

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 5 7 3

St.;.... ..Ward) a hospital or institution, give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Manue Cal Single, widowed, with the word)	16 DATE OF DEATH (Mohth) (Day (Year)
6 D	ATE OF BIRTH Abril (Month) (Day (Year)	that I last saw h
7 A	ge if LESS than 1 day,	and that death occurred on the date atated above, atm The CAUSE OF DEATH* was as follows:
(a) pa (b) bus wh	OCCUPATION) Trade, profession, or ricular kind of work Seneral nature of indusfry, siness, or establishment in lich employed (or employer)	follows disessed here follows disposition after mos. (Duration) yrs mos. ds.
	10 NAME OF FATHER Stephen Williams	Secondary (Durafign) yrs 7 mos ds (Signed) , M. D
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A A A A A A A A A A A A A A A A A A A	*State the Dispasse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
4	13 BIRTHPLACE OF MOTHER (State or country) MUL	or RECENT RESIDENCE FOR HOSPITALS, INATITUTIONA, TRANSIENTS At place In the of death yrs mos ds. State yrs mos ds
	(Informant) Sell Mallians	Where was diseasa contracted, If not at place of death? Former or Usual residence
16	(Address) Berlin Mil.	19 PLACE OF SURIAL OR REMOVAL DATE OF BURIAL CONCEY - Mary (1917)

REGISTRAR

blanks are needed, address State Registrar, 6 E. Franklin St., Basto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations daties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (4)

lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia." pneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted causing death (the primary affection with respect to "Cronp";) term for the same disease. fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubcrcu-Diphthoria Examples: Cerebrospinal "Epidemie cere-(avoid use

> nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cunmerc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," Bronchopncumonia (secondary), 10 ds. "Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably thre of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Seuile," (Recommendations on statement of may be stated under the head of ete.), "Dropsy." "Exhaustion," "PUERPERAL septichae Never report



PHYSICIANS should state RECORD PERMANENT should be stated EXACTLY. UNFADING INK-THIS IS AGE Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.

properly classified. Exact statement of OCCUPATION is very

1 PLACE OF DEATH

3307

(No.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[if death occurre a hospital or institu

give its NAME instead

	FULL NAME Mol-named	of street sim number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SE	** COLOR OR RACE S BINGLE, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 10 (Month) (Day (Year)
DA	diret remarker, 1913	that I leat saw h slive on
TAG	GE Coul-6 Wells and It LESS than 1 day,hrs.	and that death occurred on the date stated shove, at
(e) l	CCUPATION Prade, profession, er Provincial profession of the profession of the provincial profession of the profession o	allender
busin	General nature of Industry, Iness, or establishment in Ch employed (or employer)	(Duration)yrsmosds.
9 BI	RTHPLACE (State or country) Worlesler Country and	Gontributory Secondary (Aprellan) we man do
	10 NAME OF FATHER Warner Welson	(Signed) (Quration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) MOTCESter as Mid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother Clara Dauglas		TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Worcesler to luck	At place In the of death yrs, mos, ds. State yrs, mos, ds
	(Informant) Warrer Wilson	Where wes disease contracted, If not et place of death? Former or usual residence.
16	(Address) Slocklum Jud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLD SI Constany 3/11, 1914
File	ed 3/16/ 1914 MO Payne	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by .U. S. Census and American Public Health Association.]

cases, especially ln industrial employments, it is necapplies to each and every person, irrespective of ago. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. . Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistutement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yes.) For persons The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomenclainjnry, as fracture of sknll, and consequences (e.g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal schiichacetc., when a definite disease can be ascertained as the genital." Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accils less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puereral peritonitis," etc. State cause for Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report

